AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE	OF	PAGES
	1		33

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQUISITION NUMBER	5. PROJECT NUMBER *(If applicable)*
0001	05/18/2026		

6. ISSUED BY CODE 70LGLY

DEPARTMENT OF HOMELAND SECURITY
FEDERAL LAW ENFORCEMENT TRAINING CENTERS
1131 CHAPEL CROSSING RD
GLYNCO GA 31524

7.ADMINISTERED BY *(If other than Item 6)* CODE

8. NAME AND ADDRESS OF CONTRACTOR *(Number, street, county, State and ZIP Code)*

CODE FACILITY CODE

(X) 9A. AMENDMENT OF SOLICITATION NUMBER
70LGLY26RGLB00005

☒ 9B. DATED *(SEE ITEM 11)*
05/13/2026

10A. MODIFICATION OF CONTRACT/ORDER NUMBER

☐ 10B. DATED *(SEE ITEM 13)*

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☒ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NUMBER AS DESCRIBED IN ITEM 14.

CHECK ONE

☐ A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NUMBER IN ITEM 10A.

☐ B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation data, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

☐ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

See continuation page

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		Sheryle Wood	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		*(Signature of Contracting Officer)*	

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Successful offeror will be required to provide a statement of compliance with FAR 52.222-50, Combating Trafficking in Persons, requirements and confirm subcontractors have accomplished a statement of compliance upon award. Notice to Offeror(s): Due to Funds are not presently available for this effort. No award will be made under this solicitation until funds are available. The Government reserves the right to cancel this solicitation, either before or after the closing date. In the event the Government cancels this solicitation, the Government has no obligation to reimburse an offeror for any costs. The attached questions/responses are provided. Reference Section E, paragraph E.6.7 the government reserves the right not to answer any or all questions received. Successful Offeror: Submission of your invoice certifies that all employees and subcontractors have been notified of the United State Government's zero tolerance policy regarding trafficking in persons, and the actions that will be taken for violations of this policy.				

The following questions/responses are provided. Reference Section E, paragraph E.6.7 the government reserves the right not to answer any or all questions received.

1. **Q:** PWS Section 1.4 states Phase-In is April 1–30, 2026, and the Base Period begins May 1, 2026. Schedule B (page 8) states the phase-in is anticipated for May 1–31, 2026, with full performance beginning June 1, 2026. Which dates govern? This discrepancy directly affects when the contractor must have all credentialed staff on-site and ready to perform, and whether the 30-day phase-in overlaps with or precedes full performance.

   A: This question relates to previously cancelled solicitation.

2. **Q:** Attachment 20, CLIN 0002AG (Artesia Phase In) shows a quantity of 11 months. All other site Phase-In CLINS show 1 month. Is 11 months a typographical error?

   A: This question relates to previously cancelled solicitation.

3. **Q:** The PWS requires submission of the QCP, Formulary, Risk & Contingency Plan, Safety Plan, and Medical Procedures Manual within 10 calendar days of award, with PSV credential packets also due within 10 calendar days. DHS background investigations and badge issuance require additional time beyond 10 days. Given these overlapping deadlines, will the Government consider extending the phase-in period beyond 30 days for non-incumbent offerors, or will temporary facility access be granted pending background investigation completion?

   A: Phase in Period will not be extended beyond 30 days and may be less than 30 days – note solicitation states 'estimated 30 days'.

4. **Q:** PWS Section 5.4.2 states current staffing levels for each site are "provided upon request." Please provide current staffing levels by position. Without this data, offerors cannot verify that their proposed staffing meets the simultaneous dual-emergency requirement (PWS 5.2.2) at each TDP or confirm adequate peak-hour coverage.

   A: This question relates to previously cancelled solicitation. The onus is on the offeror to determine staffing needs for each site based on PWS requirements.

5. **Q:** Will the Government provide updated historical workload data (Technical Exhibit 1) for the most recent 24 months across all TDPs? This data is critical for: (a) sizing staffing to meet health screening volumes during peak class intake weeks; (b) estimating formulary consumption for the FFP medicines CLIN; (c) estimating emergency transport frequency for pricing the non-reimbursable transport cost obligation (Part 8, §3); and (d) projecting after-hours work frequency to properly price

CLINs AC and AE.

A: CLINs AD & AE are the option items that you are referring to, not AC. AC is a firm fixed price CLIN. Regarding CLINS AD & AE, those are option items that will only be used as needed. These two CLINs will be negotiated when the need arises. Do not price these two CLINS. These specific CLINS reflect "not priced" in pricing schedule. Do not price option items.

6. **Q:** What is the approximate number of FLETC/PO staff at each TDP (Glynco, Artesia, Charleston, Cheltenham) who require annual Medical Surveillance Program (MSP) physicals? What is the approximate average monthly incoming student volume at each TDP?

A: There are currently approximately 735 employees who are required to take part in the MSP program annually. That number encompasses all four TDPs. The average number of students across all four TDPs at any time each month is 5,688.

7. **Q:** How frequently have after-hours, weekend, and federal holiday health unit operations been required at each TDP over the past 24 months? The PWS (5.2.2–5.2.3) states health units "may be required to work weekends and/or federal holidays" at the contractor's expense, while also providing separate surge and non-surge after-hours CLINs. What threshold distinguishes "non-surge" after-hours work (CLIN AC) from "surge" after-hours work (CLIN AE)?

A: See response to Question 5.

8. **Q:** For Cheltenham, what is the expected annual volume of: (a) student health screenings conducted on-site; (b) MSP physical examinations conducted at the off-site facility; and (c) occupational injury cases requiring off-site specialist coordination? The absence of a health unit facility at Cheltenham means the contractor must secure, equip, and staff an off-site facility (PWS 4.7), and volume determines whether a leased facility, subcontracted clinic, or per-visit arrangement is most appropriate.

A: This is a performance-based contract; the onus is on the offerors as to how they fulfill the requirements of the Solicitation. As to the volume of health screenings, MSP physical, and occupational injury cases, that varies from month to month and is not tracked for Cheltenham currently.

9. **Q:** For on-site student health screenings at Cheltenham (PWS 1.5.A), will the Government provide a temporary workspace or room on the Cheltenham campus, or is the contractor responsible for providing a mobile health screening setup? If on-site space is provided, please describe the space (size, utilities, IT connectivity for EMR access).

A: FLETC scheduling/SASS provides the building and room number for each incoming classes' health screenings at Cheltenham. Square Footage for all health unit facilities are provided at PWS 3.1.

10. **Q:** PWS 1.5.A states the contractor must coordinate occupational injury care at a facility that accepts workers' compensation cases. Has FLETC historically used a specific off-site provider network or facility in the Cheltenham/Prince George's County area, and if so, please share the information be shared with offerors?

A: Information not available.

11. **Q:** Please provide a complete inventory list with condition assessments for all non-accountable GFE at each TDP prior to the proposal due date? PWS 4.9 requires the contractor to be responsible for "all repair, maintenance, software updates, calibrations, and replacement of non-accountable GFE, in order to phase-out all non-accountable GFE." Without knowing the quantity, type, age, and condition of this equipment, offerors cannot estimate the cost of the phase-out obligation.

A: This question relates to previously cancelled solicitation.

12. **Q:** What is the Government's expected timeline for complete phase-out of all non-accountable GFE (PWS 4.9)? Is the expectation that all non-accountable GFE be replaced by the end of the base year, end of Option Year 4, or some other milestone? Is there a prioritization or phasing plan?

A: See response to Question 11.

13. **Q:** PWS Part 3.1 references Government Furnished Space for Cheltenham but the square footage table shows "0" for all entries, and PWS 1.3.4 confirms there is no health unit facility. Will the Government provide floor plans, photographs, and/or square footage for the Glynco, Artesia, and Charleston health unit facilities? Given that site visits will not be conducted, this information is necessary for staffing deployment, emergency response planning, and equipment placement.

A: Square Footage for all health unit facilities are provided at PWS 3.1.

14. **Q:** Part 8, Section 3 states that the cost of off-center emergency care (ambulance transport and ED treatment) for contractor employees must be "incurred and borne by the Contractor as non-reimbursable." Does this non-reimbursable obligation also apply to emergency transports of FLETC students and staff, or only to contractor employees? If it applies to students/staff, what has been the historical average number of emergency transports per month at each TDP, and what is the average cost per transport?

A: Off Center emergency care non-reimbursable obligation applies only to contractor employees. Reference PWS 1.5.

15. **Q:** For non-training day closures (PWS 5.6.2 and 5.6.3), the contractor's billing must reflect "fair value to FLETC as a result of FLETC not receiving medical services." Under a FFP monthly CLIN, how does the Government expect this adjustment to be calculated and applied? Will the Government accept a per-diem credit methodology, or is a different approach expected?

A: See response to Question 11.

16. **Q:** Cheltenham has only three CLINs per period (Project Management, Basic Health Services, Lab Work/X-rays) and no separate formulary, surge, or after-hours CLINs. Should the cost of the off-site medical facility lease/subcontract, off-site medical equipment and supplies, and all staff travel to Cheltenham be included in CLIN 0004AB (Basic Cheltenham Health Services)?

A: The costs for a subcontract facility should be reflected in CLIN 0004AB and should there be lab work/x-ray needs, those would be reflected in 0004AC. Since there is no physical Health Unit at Cheltenham, MD, there is no need for a formulary, medical inventory to store, except for the medical equipment the staff brings with them to conduct Health Screenings. There is no formulary when there is no facility to operate, no surge or after-hours work is required for Cheltenham.

17. **Q:** Are the surge CLINs (AE/AF for Glynco, Artesia, Charleston) option items that will be exercised via individual Task Orders at the Government's discretion, or should offerors assume a baseline monthly rate that will be invoiced regardless of whether surge occurs? This distinction fundamentally changes how surge pricing is structured.

A: Option items CLINS AD/AE will be negotiated via individual Task Orders at time of need. No pricing should be reflected on these items in price proposal.

18. **Q:** Are the DOL Wage Determinations referenced in Technical Exhibits 5–8 (dated 12/3/2025) the final applicable WDs for this solicitation, or should offerors anticipate updated WDs prior to award? If updated WDs are issued, will the Government amend the solicitation and allow price revisions?

A: WD dates listed here relates to cancelled solicitation. Most current revisions (4/26/2026) are attached to this instant solicitation. If the WDs are updated <u>prior</u> to award it will released to those offerors who submitted initial proposals and will allow price revisions.

19. **Q:** What Electronic Medical Record (EMR) system is currently in use at each TDP, and will it remain the same for the new contract period? Will the Government provide training on the EMR system during phase-in?

A: Yes, the government provided EMR is currently in use at Artesia, NM, Charleston, SC, and Glynco, Ga. Reference PWS 5.8.3 (3) for EMR requirements for Cheltenham, MD. Yes, training will be provided.

20. **Q:** The PWS (5.4.5) requires a board-certified Occupational and Environmental Medicine (OEM) physician consultant to provide oversight, available by phone or internet. Must this OEM physician hold a license in any or all of the four states, or is consultation from any U.S.-licensed OEM physician acceptable?

A: Any US-licensed physician with a current OEM board-certification is acceptable.

21. **Q:** PWS 5.4.7 requires Athletic Trainer(s) at Artesia only. How many Athletic Trainers are currently employed at the Artesia TDP, and what are the required hours of coverage? Are Athletic Trainers expected to be on-site during the same core hours as the Health Unit (6:00 AM – 6:30 PM), or are their hours aligned with physical training schedules?

A: The onus is on the offeror to determine staffing needs based on PWS requirements. The hours of operation for the Athletic Trainer(s) shall be the same as the Health Unit staff on any scheduled training day.

22. **Q:** The Table of Contents (page 39) labels Part 5 as "DORM MANAGEMENT SERVICES DORM 102 SPECIFIC TASKS," but the actual Part 5 content addresses Health Unit Specific Tasks. Is there a Dorm Management component included in this solicitation, or is the Table of Contents header incorrect?

A: See response to Question 11.

23. **Q:** Will the Government provide the Technical Library documents referenced in Part 7 (e.g., DHS 248-02, FD/FM 500-14, FD/FM 248-01, CDC Vaccine Storage & Handling Toolkit, Emergency Transport by EMS procedures) to offerors prior to proposal submission? These documents define clinical standards, credentialing requirements, and operational procedures that directly affect the technical approach.

A: No. These reference documents are For Official Use Only (FOUO) and must be protected as required by DHS and FLETC and only provided to awardee.

24. **Q:** Can the Government identify the incumbent contractor(s) currently performing

health unit services at each TDP and the current contract number? This information assists in: (a) understanding potential right-of-first-refusal staffing under SCA; (b) coordinating the phase-in joint inventory; and (c) assessing teaming or subcontracting options.

A: See Page 38.

25. **Q:** Section 13 (Factor 4 – Price, item xxvii–xxix) requires escalation rates with supporting rationale for all option years. If an offeror's escalation methodology relies on the Bureau of Labor Statistics Employment Cost Index (ECI) or CPI, and these indices change between proposal submission and option year exercise, will the Government consider equitable adjustment based on actual index values, or is the proposed escalation rate locked in at award?

A: The proposed escalation rate is locked in at award.

26. **Q:** Are screening requirements standardized across all sites, or do they vary by location and mission? PWS Part 5.1 – Health Screenings and Medical Surveillance (Page 130)

A: All Health Screenings are conducted the same way each time for each class. Medical Surveillance Program annual physicals will vary based on the job of the individual, but the process is the same for all participants.

27. **Q:** Please clarify which party is responsible for procuring and funding medical supplies, pharmaceuticals, and consumables used during contract performance.

A: The contractor will be responsible under fixed price CLIN AC.

28. **Q:** Is X-ray equipment currently available at each location? If so, is it Government-furnished or contractor-provided?

A: No X-ray equipment is not available in the Health Units.

29. **Q:** If not currently available, is the contractor expected to provide X-ray capability and associated staffing?

A: This is a performance-based contract, the onus is on the offeror to determine what is best based on the requirements of the Solicitation. See PWS 5.10.1.

30. **Q:** Can the Government provide the current staffing levels (FTEs), labor categories, and vacancy rates for the incumbent contractor at each location?

A: No current staffing levels (FTEs) or vacancy rates will not be provided. The onus is on the offeror to determine staffing needs based on the PWS. The labor categories

used in the current contract are listed in Section C, FAR 52.222-42.

31. **Q:** What has been the incumbent's historical staff turnover rate over the past 12–24 months by location?

A: Data not available.

32. **Q:** To what extent is current performance dependent on specific incumbent personnel or institutional knowledge not documented in formal procedures? PWS 5.2/5.3

A: None.

33. **Q:** Is diagnostic equipment such as X-ray systems currently installed and operational at each location, or is the contractor expected to provide any diagnostic capabilities?

A: There are no X-ray systems currently installed and operational at any of the locations. The Artesia, Charleston, and Glynco Health Units have the following GFE equipment: Audiometers, EKG machine, Spirometer, and Titmus machine.

34. **Q:** For the Cheltenham screening requirement, is the contractor expected to furnish and equip a fully operational medical facility, including diagnostic and screening equipment?

A: No. Reference PWS 1.5.A.

35. **Q:** Is the contractor required to provide any transportation (e.g., for patient transfer, medical logistics, or staff movement between facilities), or will transportation be Government-provided?

A: Refer to 3.2 Government Furnished Property and Equipment; Government Furnished Vehicles.

36. **Q:** The solicitation references a 20-page limitation for the Technical and Management Approach; however, other sections appear to indicate a different page limit (e.g., 25 pages). Can the Government clarify the correct page limitation for the Technical volume?

A: See Section E paragraphs 11 & 11.1.

37. **Q:** Can the Government confirm whether the page limitation applies collectively to Factor 1 (Technical and Management Approach) or separately to individual subfactors (e.g., Subfactor 1.1 Technical Approach)?

A: See response to Question 36.

38. **Q:** Will the Government consider extending the proposal submission deadline to allow a minimum of 10 business days after release of final Q&A responses?

A: Proposal submission remains unchanged.

39. **Q:** Given the breadth and complexity of the requirements across multiple locations and clinical service areas, will the Government consider increasing the page limitation for the Technical Proposal from 20 pages to 30 pages to allow for a more comprehensive and complete response?

A: See response to Question 36.

40. **Q:** Are appendices permitted for supporting materials (e.g., process flows, staffing matrices), and if so, are they excluded from the page limitation?

A: No they are not excluded, see PWS 11.1 first paragraph.

41. **Q:** Can the Government confirm whether Key Personnel (KP) resumes are excluded from the Technical Proposal page limitation and submitted as a separate volume? 20 pages in Tech proposal is not enough as KP resumes will take up to 15 pages minimum.

A: See response to Question 11. No resume submission with proposal required.

42. **Q:** Are the Program Manager and/or Alternate Program Manager required to be physically onsite at the Glynco, GA location, or is remote/hybrid support acceptable? If onsite is required, please specify minimum presence expectations

A: The <u>Project</u> Manager and Alternate <u>Project</u> Manager shall be on-site at the FLETC Glynco campus during the core duty hours of each training day and any other days that training is added to fulfill the requirements of this contract (see PWS 1.9.1).

43. **Q:** Is the current scope of services in the current incumbent contract the same or is this new solicitation a consolidation of multiple contracts in addition to the incumbent contract?

A: The same.

44. **Q:** In the event of increased patient volume, screening requirements, or surge operations beyond historical levels, will the Government allow for equitable price adjustments or contract modifications?

A: No. The possible slight fluctuation/increase in patient volume and screening requirements during period of performance should be anticipated in the offeror's fixed price proposal. The only requests for equitable price adjustments permitted are wage determination and New Mexico Gross Receipt Tax increases in the option years. Surge actions are handled as a separate task order and negotiated at the time of the occurrence.

45. **Q:** Can the Government provide workload distribution by service type (e.g., urgent care, screenings, occupational medicine) at each location to support accurate staffing and pricing assumptions?

A: Data not available.

46. **Q:** Several significant cost elements in this contract are inherently variable and outside the contractor's ability to predict or control, including: (a) emergency transport and off-site emergency department costs, which the contractor must absorb as non-reimbursable (Part 8, §3); (b) formulary medication consumption and lab work volume, which fluctuate directly with student population and training tempo; (c) non-accountable GFE replacement costs, which depend on the condition of equipment the contractor cannot inspect prior to award since site visits are not permitted; and (d) surge and after-hours staffing requirements driven by Government training schedule decisions. Under the current FFP structure, responsible offerors must include contingency pricing for each of these variable elements, which increases the total evaluated price without providing additional value to the Government. We request government to change the pricing to variable-cost CLINs (formulary/lab work, surge, emergency transport) as cost-reimbursable (FAR 16.301) or Time-and-Materials (FAR 16.601) line items while retaining FFP for the predictable, labor-based CLINs (Project Management, Basic Health Services)? OR consider a cost plus model. A hybrid structure would allow the Government to pay actual costs for inherently variable elements, potentially at lower total cost than FFP with embedded contingency, while maintaining fixed-price discipline on the core staffing and management services. This approach is consistent with FAR 16.103(b), which directs that contract type selection should be based on the degree of cost risk the contractor can reasonably assume.

A: This is a Commercial Services requirement with a preference for fixed-price contracts to the maximum extent practicable. All CLINS remain Firm Fixed Price CLINS.

47. **Q:** The deductions range from 5% to 20% per metric spread across 9 performance areas. When combined they add up to 100% of the invoice. Would the government consider capping the aggregate maximum monthly invoice deduction?

A: Those percentages are maximum against <u>total contract value</u> not an invoice.

48. **Q:** Factor 1.2 states the government will evaluate key personnel resumes. Will the Government please confirm that resumes are excluded from page count?

A: See response to Question 41.

49. **Q:** FFP Surge requirements outside of basic hours are to be provided to include nights & weekends as needed monthly. This section refers us to PWS 5.4.6. on page 134 and it references referrals to outside clinicians. Should offerors propose pricing as separate evening and weekend rates to be used on an as-needed basis with COR approval?

A: See response to Question 17.

50. **Q:** FFP Surge requirements outside of basic hours are to be provided to include nights & weekends as needed monthly. This section refers us to PWS 5.4.6. on page 134 and it references referrals to outside clinicians. Does the Government expect a fixed monthly price for this surge support as indicated in the OF336 Section 0001AD? If a monthly price is required, can the Government provide an estimate of the typical number of evening and weekend days per month?

A: See response to Question 17.

51. **Q:** The PWS requires the Contractor to provide a board-certified Occupational and Environmental Medicine physician consultant to support and provide oversight to contractor clinicians, with availability to the CMO by phone or internet. Can the government confirm and/or provide an expected or estimated number of hours per month for this support?

A: Twenty hours per month.

52. **Q:** How many scheduled non-training days does FLETC have on average in any given year?

A: See PWS 5.6.2.

53. **Q:** How many unscheduled non-training days does FLETC have on average in any given year?

A: See PWS 5.6.3.

54. **Q:** Will the Government please confirm that when completing Attachment 20, Pricing Spreadsheet offerors should include Gross Receipt Tax when pricing the FFP CLINs for Artesia, New Mexico?

A: Yes for Artesia include the New Mexico Gross Receipt Tax in the ODC section of Attachment 21, pricing spreadsheet.

55. **Q:** In the Labor Summary Worksheet, will the Government please confirm if offerors should only provide total dollars for each cost element, or total dollars and cost element percentages?

A: Both total dollars and cost element percentages are required.

56. **Q:** Government will provide 16 laptops/computers, 15 monitors, 4 scanners and 6 printers in support of the requirements of this contract." Could the government clarify if this number is the enterprise-wide current count?

A: Those numbers are for Glynco only; however, they will increase after award once the other TDPs have been accounted for.

57. **Q:** Will the Government please confirm if contractor supplied computers can connect to FLETC (i.e. SASS/EMR)? Will the Contractor be expected to purchase and provide additional laptop to support performance of the health services contract.

A: No only the government provided computers connect to FLETC networks. See PWS 4.2 for additional laptops, etc.

58. **Q:** The RFP states treating providers shall complete the Health Unit's portion of the TAIRs electronic questionnaire. Will the Government please confirm if the TAIRS is part of the EMR?

A: TAIRS is not part of the EMR. That is the reason the contract employees are required to provide the required information from the EMR to TAIRS. The medical information in TAIRS can only be found in the EMR.

59. **Q:** Will the Government please clarify if treating providers are required to 'chart' in both the EMR and the TAIRS system?

A: No. Treating providers are only required to "chart" in the EMR.

60. **Q:** Will the Government please confirm if the current EMR system allows for labelling encounters Occupational/ Non occupational?

A: Yes confirm.

61. **Q:** Section 5.7.5.1 states that "providers/physicians shall have current ACLS certification". However, in other areas it states that "all responding staff need to be ACLS certified". Will the Government please clarify what staff need to be ACLS

certified?

A: See PWS 4.6 and 5.7.5.1

62. **Q:** Will the Government please clarify if the contractor is responsible for maintaining the FLETC's OSHA log: OSHA Reporting – Is this requiring the contractor to keep up the FLETC's OSHA log: Is this separate from the injury report?

A: The contractor will be responsible for keeping the OSHA log up to date. Not only for FLETC, but for all POs. This is different from the injury report because every incident listed on the injury report may not be recordable/reportable to OSHA.

63. **Q:** Will the Government please clarify if the FLETC's OSHA log is separate/different from the injury report?

A:See response to Question 62.

64. **Q:** Given there is no health unit at Cheltenham, will the Government please confirm where vaccines are expected to be stored at all time? If so, can you please clarify what the process for that would be and who will monitor it?

A: The onus is on the contractor to provide that storage and to determine who will monitor it at Cheltenham.

65. **Q:** Since there are no healthcare personnel onsite at Cheltenham, if the contractor does not refer to an injury off-site at Cheltenham, how will they be informed that they need to request medical records from an off-site location?

A: The Contractor will be notified by either Organizational Health Division by the COR/CMO or FLETC Security at Cheltenham.

66. **Q:** Will the Government please clarify what "best of their ability" means in regard to this requirement?

A: If your question is about PWS 6.4 Hurricane Plan, the Charleston, SC and Glynco, GA Health Units have specific government provided locations on site they utilize in the event of a hurricane. The onus is on the contractor to ensure that all "medications and vaccines that require refrigeration" are transported to that specific location.

67. **Q:** Will the Government please confirm if the Health Unit will have back-up generators should a power outage occur?

A: Charleston's Health Unit does have a generator for power outages. Artesia and Glynco do not.

68. **Q:** Will the Government please clarify if the contractor is accountable for payment at offsite facilities for patients transferred out?

A: No. Students utilize their agency's worker's comp for injuries and/or illnesses that occur due to training.

69. **Q:** Is the Government intending for Contractor to purchase "defibrillators" in addition to the currently used *Automated* External Defibrillators (AED)?

A: Reference PWS 4.5. The contractor shall provide defibrillator/AED as required in this section.

70. **Q:** Is the government only requiring staff that are part of the *Emergency Response Team* to be certified in ACLS or the entire PRN nursing staff?

A: Reference PWS 4.6.

71. **Q:** Is "mass medial purchases" a typo for medical or media?

A: This is part of FAR clause 52.219-14 Limitations on Subcontracting verbiage.

72. **Q:** Per the RFP, it states that the Government will provide vehicles necessary to support this opportunity. However, Section 11.1, Subfactor 1.2 requires offerors to "identify all equipment to include vehicles in support of the offeror's approach". Will the Government please clarify who is responsible for furnishing vehicles?

A: Vehicles are mentioned in the price submission instructions if the offeror has a need for additional vehicles based on their approach other than those provided by the government.

73. **Q:** Will the Government please confirm that if the government later requests extended or weekend hours to make up training missed due to closures (e.g. hurricanes) that the contractor will bill the government per night/weekend rates? Or is there an expectation of swapping normal hours for nights/weekends to get training classes back on their timeline?

A: If a training day is missed due to closure of the Center, the incumbent would work on Saturday or whenever the classes were being made up at no additional charge to the Government because they were already "paid" for the day of the closure. FLETC requires the Health Unit to be open when training occurs.

74. **Q:** Will the Government please clarify who is responsible for acquiring new vaccines for emerging diseases, and how will they pay for if they are on top of the given

formulary?

A: That would be addressed when and if that issue occurs after award.

75. **Q:** Will the Government please confirm that the table of contents is excluded from the page count for all volumes and Factor responses?

A: Only the cover sheet is excluded from the page count for Factor responses.

76. **Q:** Will the government confirm that offerors may use smaller font size for diagrams, graphics, and/or tables to align with industry standards?

A: The font size is stated in the solicitation, evaluators must be able to read charts, diagrams during the review process and the smaller the font the harder the document is to read.

77. **Q:** Will the Government please confirm if the site QCPs, like the QCM, can be "dual-hatted" as this could affect pricing.

A: The QCM is key personnel and oversees the site QCPs and <u>cannot</u> be dual hatted. Reference PWS 1.9.2 that clearly states : "..The QCM shall not share other key management duties but will have supervisory duties over the quality control employees at Artesia, Charleston, and Glynco TDPs. ."

78. **Q:** If QCPs can be "dual-hatted" will the Government please clarify the reporting chain requirements as described on pg 93 i.e. "the QCM shall…have supervisory duties over the quality control employees at Artesia, Charleston, and Glynco TDPs… The quality control employees at the three (3) FLETC sites will conduct the quality control inspections for their assigned site and report back to the QCM, not the PM, APM, or the Clinic Managers"

A: No response – clarification is clear in your question.

79. **Q:** Can the Government please clarify what the process is for price renegotiation on the formulary post award, if the government makes adjustments as this section seemingly conflicts with paragraph XXV on page 218?

A: No renegotiation on formulary post award unless new vaccines and/or medicines are introduced.

80. **Q:** When the Government evaluates offers for award purposes by adding the total price for all options to the total price for the basic requirement, does that include the phase-in period?

A: Yes and per the pricing evaluation criteria of the solicitation.

81. **Q:** Will the government provide any training for the recordkeeping and/or reporting portion of the new process involved with federally mandated OSHA reporting?

A: No. Reference PWS 5.7.6.2.

82. **Q:** The solicitation states professional liability insurance with coverage limits per year no less than $1 million per claim and $3 million aggregate limit for all claims at all times while performing work under this contract. This information shall be submitted for each person as part of the proposal. Would the government consider changing the requirement to 10 days after award?

A: The current paragraph 5.4.2(3) reflects 10 days after award.

83. **Q:** PWS 5.7.7, Would the government provide clarification "If the current record does not accept this type of encounter, the Contractor shall create a searchable, electronic record of these encounters" on the type of electronic record they require to maintain PII/PHI medical documentation?

A: PWS 5.7.7 discusses immunizations for staff and students. It does not address the electronic medical record the Government provides.

84. **Q:** The Health Services Contractor shall report, by TDP, all occupational injuries and illnesses on the OSHA 300 Log. This log shall also be submitted to the COR and CMO on the first training day of the week for the previous week. As it is not typical for healthcare contractors to fill out the OSHA 300 except for their own staff, the government would consider accepting the already required Excel spreadsheet. (5.7.6.2)

A: The Contractor is not required to complete the OSHA 300 log for students or FLETC/PO staff. The contractor is required to maintain an Excel spreadsheet to provide the information needed for the FLETC/PO staff to complete their own OSHA 300 Log. Reference PWS 5.7.6.2.

85. **Q:** Will the government please confirm that these 5 LCATs are the only Key Personnel for this contract?

A: Refer to PWS 1.9 Key Personnel.

86. **Q:** The RFP states that the technical proposal is limited to 30 pages, excluding the cover sheet and that Factor 1 is limited to 20 pages. However, Subfactor 1.2 Management approach requires offerors to provide a quality control matrix, and they must identify all equipment including vehicles with the requested information. Given the amount of information that would need to be included to compliantly address those

items, will the Government please consider excluding those items from page count and/or increasing the page count for this Factor to ensure offerors are able to submit a compliant response?

A: See response to Question 36.

87. **Q:** Will the Government please confirm that offerors may include prior experience from the offerors' entire proposed team?

A: Refer to Factor 2 Prior Experience and Factor 3 Past Performance.

88. **Q:** Per the RFP, offerors need to submit any teaming agreements in both the pricing volume and the technical volume. Will the Government please confirm if offerors need to provide TAs in both volumes?

A: Yes.

89. **Q:** Will the Government please confirm that subcontractors do not need to submit the Attachment 20 as part of the submission response and instead are only required to submit a price narrative?

A: Yes, If the subcontractor is submitting a separate proposal directly to government; No, if subcontractor pricing is included in primary price submission.

90. **Q:** Factor 2 states "this is not to be a list of contracts as requested in Factor 3". However, Factor 3 seems to only require offerors to provide no more than 3 contracts and include a brief description for each contract. Will the Government please confirm offerors do not need to provide a list but only a maximum of 3 contract examples to be compliant with the RFP instructions.

A: Factor 2 – should not contain a list of contracts or contract references from Factor 3. Factor 2 should only be a written assessment of the experience as stated with specific attention responding to bullets listed. Factor 3 requests three contracts performed in terms of type, scope, and complexity. It further discusses additional information for teaming arrangement situations. Read both and respond accordingly.

91. **Q:** Cheltenham could the government provide historical number of annual FLETC staff injuries at Cheltenham requiring the off-site contracted medical clinic care?

A: No data available.

92. **Q:** Section 3.2 states the government will provide 16 Laptop/Computers, but the Accountable/Non-Accountable equipment list has 39 listed. Is it the government's intention to decrease the number of laptops/Computers or have the contractor procure

more laptops/computers?

A: Those numbers are for Glynco only; however, they will increase after award once the other TDPs have been accounted for.

93. **Q:** Section 3.3 states "the company's internet will be the contractor's responsibility. It shall be at the Contractor's expense and internet provider access must be approved prior to installation. If the contractor may be required to purchase Laptops/Computers and the internet will this allow for medical staff to access SASS?"

A: This statement refers to the company's needs for internet to connect to their corporate office and for use of company computers. Only Government computers will have access to SASS.

94. **Q:** What types of off-site medical facilities are acceptable for Cheltenham? Must it be a licensed clinic? Is telehealth acceptable for any portion?

A: The clinic must be CLIA and HIPPA compliant. The medical and administrative requirements for FLETC-Cheltenham are met, the "type" of medical facility is on the onus of the contractor. Telehealth is not acceptable for any portion of the evaluation and treatment.

95. **Q:** What is the estimated annual volume of student health screenings at Cheltenham? Outreach nurse model or dedicated FTE?

A: The average number of Health Screenings each month at Cheltenham is 10.

96. **Q:** Does the Cheltenham off-site facility require Maryland state licensure from Day 1? What is the government's plan if licensure takes longer than the phase-in period?

A: Cheltenham does not have a designated off-site facility. That is the decision the offeror must make. However, the offeror's chosen medical facility must be licensed day one and within 25 miles of FLETC-Cheltenham. Reference PWS 1.5.A.

97. **Q:** Does the 20-hr/week physician requirement require THREE SIMULTANEOUS on-site physicians (one per active site), or may one physician travel between Glynco, Artesia, and Charleston?

A: The requirement is the physician(s) must be on site in each clinic Artesia, Charleston, and Glynco for a minimum of 20 hours per week per clinic.

98. **Q:** If the PM or APM holds a physician license, do their on-site hours count toward the 20-hour physician requirement, or must physician hours be separately staffed?

A: Reference PWS 5.4.2 "It is the Contractor's obligation to determine staffing necessary to fulfill the requirements of this contract:"

99. **Q:** Can the Government provide current FTE counts by classification at Glynco, Artesia, and Charleston to assist offerors in preparing staffing proposals consistent with PWS requirements?

A: The onus is on the offeror to determine staffing needs based on PWS requirements.

100. **Q:** Is the Quality Control Manager required to be full-time on-site at Glynco, or may this position function in a hybrid supervisory capacity with scheduled site visits to Artesia and Charleston?

A: Full-time on-site at Glynco.

101. **Q:** How many Athletic Trainer FTEs are currently providing services at Artesia and what are the current hours of operation for the Athletic Trainer office?

A: The onus is on the offeror to determine what staffing level is needed for the Athletic Trainer(s) at Artesia based on the requirements of PWS. The Athletic Trainer's office is on the same schedule as the Artesia Health Unit. Reference PWS 5.6 Work Schedule.

102. **Q:** Does the incumbent hold CLIA Certificates of Waiver for Glynco, Artesia, and Charleston? Will those transfer to the incoming contractor, or must new certificates be obtained from CMS?

A: New certificates must be obtained by the awardee.

103. **Q:** If CMS delays CLIA waiver processing beyond 30 days, how will the government handle performance during that period?

A: CMS does not apply to this acquisition. Billing insurance is not a requirement of this acquisition. The Health Services at all sites are provided free of charge to students, MSP participants, and FLETC/PO/Contractor staff in emergency situations.

104. **Q:** May a single licensed physician serve as CLIA Waived Lab Director for all three physical health unit sites, or is a separate Lab Director designation required per site?

A: Refer to each state's CLIA regulations.

105. **Q:** What services and costs are compensable under the Phase-In CLINS? Is the

contractor expected to provide full clinical services beginning June 1, 2026, or is the phase-in period intended as a mobilization and transition period?

A: Whatever services and costs the offeror deems is the start-up cost to ensure readiness on first day of performance. Costs inclusive to phase in should be detailed in the price narrative of submission. Phase-in is a mobilization and transition period. Performance begins the following full month after phase-in period ends. See Part 8 paragraph 35.

106. Q: Will the government provide the incumbent contract in redacted form or any historical pricing data to assist offerors in developing well-informed cost proposals?

A: No. The onus is on the offeror to determine all costs associated with performance based on the PWS.

107. Q: Technical Exhibits 9, 10, and 11 are referenced in the solicitation. Please confirm when these exhibits will be made available to offerors.

A: These technical exhibits were released with the solicitation.

108. Q: Technical Exhibit 1 containing patient visit volumes and workload data is referenced in the solicitation at paragraph 1.16. Please confirm when these exhibit will be made available to offerors.

A: The exhibit number listed is incorrect. See Technical Exhibits 3-1 through 3-19 Statistical Data.

109. Q: What is the expected timeline for contractor staff to receive SASS EMR training and access credentials following contract award? Will access be available at the start of phase-in on June 1, 2026.

A: EMR training cannot begin until PIV card is issued. Reference Part 8, Paragraph 30. Physical and Personnel Security Requirements for access requirements.

110. Q: How should contractors manage staffing during the period between contract start and completion of background investigation clearance, which may take up to 20 business days? Are uncleared staff barred from entry entirely pending adjudication?

A: There is a badging process for employees that will be on center daily and a maximum 5-day visitor pass that will be followed for entry approval. For employee not passing badging process, they will be denied entry permanently. See Part 8 paragraph 30.

111. Q: Is there an annual cap on unscheduled non-training day closures? When an

unscheduled closure occurs at one TDP, is the price reduction limited to that specific TDP only, with no impact to pricing at unaffected sites?

A: Price reduction on unscheduled non-training day closures is not applicable to this solicitation.

112. Q: What is the typical turnaround time for SDS approval through FLETC ESB? Is there a pre-approved product list available to the incoming contractor to avoid delays in procuring standard medical and cleaning supplies?

A: The average turnaround time for SDS approval is 2-3 days. There is no pre-approved list, each Contractor must submit their own. Reference PWS 5.5.2.

113. Q: Can agencies declare a federal holiday a normal training day with less than the one-week advance notice stated in PWS Part 1.7? What is the minimum guaranteed notice period?

A: Yes. No minimum guarantee.

114. Q: Is the two-visit maximum for MSP services per annual cycle or per employee over the entire contract life? When an employee requires more than two visits within a cycle for the same condition, what is the expected contractor response?

A: For the Cheltenham MSP services that is two-visit maximum per annual MSP physical.

115. Q: Must the OEM Physician consultant hold active licenses in Georgia, New Mexico, and South Carolina, or is a single-state license acceptable for a consultant who provides telephone or video consultation and does not practice on-site?

A: A valid US license from any state and up to date board certification in OEM.

116. Q: Will the Government consider candidates for key personnel positions including the Project Manager, Alternate Project Manager, and Clinic Managers who hold an associate's degree in nursing with an active, unrestricted RN license and a Bachelor's degree in a related field, provided they meet or exceed all other experience and certification requirements?

A: Reference PWS 1.9.1 PM and APM and PWS 1.9.3 Clinic Manager.

117. Q: Please clarify whether the Contractor may fulfill the Cheltenham off-site medical facility requirement through a partnership or subcontract with an existing occupational health clinic or mobile medical unit, or whether the Government requires the Contractor to lease or acquire a dedicated facility. Please describe how this requirement

was fulfilled under the predecessor contract.

A: The onus is on the offeror to determine the best method for fulfilling the Cheltenham requirements. However, the offeror's chosen medical facility must be licensed day one and within 25 miles of FLETC-Cheltenham. Reference PWS 1.5.A.

118. Q: Are there currently x-ray machines in place at Glynco, Artesia, and Charleston? If so, are maintenance contracts currently in place and will those transfer to the incoming contractor, or must the contractor establish new agreements?

A: There are no x-ray machines at the sites. See response to Questions 28 and 33.

119. Q: Who is responsible for performing the x-ray and reading the final x-ray film? Is the contractor expected to employ or contract a licensed radiologic technologist and a radiologist for interpretation?

A: All x-ray films are referred out. Occasionally, some surveillance exams require a B-Reader.

120. Q: How many x-rays are completed per site per month on average? Please provide this data by site if available

A: Data is not available.

121. Q: Is the Contractor responsible for the cost of obtaining and maintaining CAOHC certification for staff performing audiometric testing, and should this cost be included in base period pricing?

A: Yes.

122. Q: Please confirm whether Technical Exhibit 4 represents the current approved Medication Formulary. Are COVID-19 vaccines required to be administered at the health units, and if so, is the Contractor responsible for vaccine procurement and storage costs within the fixed price structure?

A: Technical Exhibit 4 is the current inventory of medications. The Health Unit does administer COVID-19 vaccines at no cost to the individual or the government if requested by students or staff. The cost of vaccine procurement is contractor responsibility, same as for all formulary purchases.

123. Q: Will the Government provide any government-furnished equipment for the Cheltenham off-site facility, or is the Contractor responsible for all equipment, supplies, and materials at that location?

A: No GFE will be provided for Cheltenham off-site facility.

124. **Q:** How are surge staffing requirements for nights, weekends, and holidays triggered, and what is the formal process for requesting and receiving CO approval for additional hours under the surge CLINS?

A: See response to Question 17.

125. **Q:** What are the specific expectations for transition from the incumbent contractor to the incoming contractor during the phase-in period? Will the incumbent be required to cooperate with orientation and training activities as described in PWS Part 8?

A: See Part 8, paragraph 35.

126. **Q:** Can the Government confirm whether there are any baseline staffing assumptions, historical utilization data, or notional staffing considerations offerors should apply when developing their staffing approach, such as typical provider-to-student ratios, MSP workload drivers, or acuity patterns by site?

A: Data not available.

127. **Q:** The phase-in period is stated as June 1 through June 30, 2026. If contract award occurs after June 1, 2026, will the period of performance dates be adjusted accordingly?

A: Note the solicitation states phase-in is estimated to be 30 days which means if award is made prior to June 15, the remainder of June would be the phase-in period. Any later than that then possibly all dates will be adjusted in the award document.

128. **Q:** Are providers expected to provide ongoing treatment for the conditions identified at the health unit, or is the clinical model limited to screening, stabilization, urgent care, and referral to outside providers?

A: Both. Reference PWS 5.8.3 (5); 5.13.3 (14) & (15).

129. **Q:** Please confirm the anticipated MSP participant counts by site for Glynco, Artesia, Charleston, and Cheltenham. PWS Part 5.7.6.3 references 658 participants and PWS Part 5.4.12 references 735 participants. Please confirm which figure represents current enrollment and whether it encompasses all four TDPs.

A: The current number of participants in the MSP is 733 for all four sites. Pen and Ink change to reference PWS paragraphs of the correct current number.

130. Q: When MSP findings require additional diagnostics or specialist referrals beyond the standard MSP testing components, who bears cost responsibility for those additional services?

A: The Contractor completes the annual MSP physicals and provides the complete results to a specific group of FLETC employees. From time to time the Contractor may be asked to run another audiometric test on someone, but past that the requirement does not include additional diagnostics and specialist referrals by the Health Units.

131. Q: How often are weekend or night services actually activated historically? Please provide frequency data by site if available.

A: See response to Question 17.

132. Q: What is the expected daily patient volume per site on average and at peak? Please also confirm when Technical Exhibits 3-1 through 3-12 will be made available to offerors.

A: That daily patient volume number varies from day to day. However, the average number of patients treated per site is approximately 90 per day at Glynco; 60 at Artesia; 10 – 15 per day at Charleston. Cheltenham only provides Health Screenings when scheduled. Technical Exhibits 3-1 through 3-12 were released with solicitation, Technical Exhibits 3-13 through 3-19 were released the day after solicitation was released.

133. Q: Is clinician staffing expected to scale dynamically with published training schedules in SASS, and if so, will the contractor have sufficient advance visibility into scheduling changes to adjust staffing accordingly?

A: Reference PWS 5.4.4.

134. Q: The PWS requires a physician on-site for a minimum of 20 hours per week at each of the three physical health units. Are there minimum on-site thresholds for NP or PA coverage during hours when the physician is not present?

A: Reference PWS 5.4.2.

135. Q: How many students annually require Cheltenham-based health screenings? The PWS references approximately 25 classes with 1 to 24 students per class. Please confirm the most recent annual total.

A: See PWS 5.8.1.

136. **Q:** What percentage of occupational injuries and illnesses historically occur at Cheltenham relative to the other three TDPs?

A: Data is not available.

137. **Q:** What percentage of prescriptions historically fall outside the approved formulary, requiring students to fill off-site at their own expense?

A: Data is not available.

138. **Q:** Are providers permitted to prescribe off-formulary medications when clinically indicated, and if so, what is the required documentation and approval process?

A: Yes. If a clinician uses a medication that is not on the formulary, the clinician must document their medical reasoning. Reference PWS 5.10.

139. **Q:** Are all formulary medications dispensed on-site only, or may providers issue written prescriptions for retail pharmacy fill when on-site stock is unavailable?

A: The medication in the formulary is dispensed on site. The contractor is responsible for maintaining the monthly PAR levels identified in Attachment 20 so there should be no issues with stock availability.

140. **Q:** What categories of emergencies are expected to be fully managed on-site by the health unit team, and what categories require immediate transfer to EMS or the emergency department?

A: The Health Units responds to every emergency and treatment is continued until EMS arrives or the patient is stable.

141. **Q:** Would the Government consider hosting a pre-proposal conference open to all interested offerors prior to the June 4, 2026 proposal submission deadline?

A: No.

142. **Q:** Government-furnished vehicles are provided at Glynco, Artesia, and Charleston but not at Cheltenham. Is the contractor expected to provide a vehicle at Cheltenham for student transport to the off-site facility, or will the Government arrange transportation?

A: There are no Government Furnished Vehicles at Cheltenham. There are no requirements in this acquisition for transporting students at Cheltenham. Reference PWS 4.7.

143. **Q:** If a contractor-provided vehicle is required at Cheltenham, are there specific vehicle requirements such as ADA accessibility or size, and may the cost of that vehicle be included in proposal pricing?

A: Reference response to Question 142.

144. **Q:** Please confirm the total duration of the phase-in period, clarify whether the 10 business days in Section 5.10.2 represents the full phase-in window or a subset of it, and confirm whether phase-in costs should be priced separately within the phase-in CLINs or embedded within base period pricing.

A: Phase In is estimated for 30 days but may be less depending on award date. Phase In CLINs for pricing, see AF for Glynco/Artesia/Charleston, & AD for Cheltenham.

145. **Q:** Please clarify how offerors should price formulary procurement, vaccine costs, lab work, and equipment calibrations within the existing CLIN structure. Should these costs be included as fixed monthly amounts within the AC CLINs, or should they be priced as pass-through ODCs with supporting documentation?

A: Pricing should be included as fixed monthly amount under CLIN AC.

146. **Q:** PWS Part 4.7 states the contractor shall provide a medical facility off-site in Cheltenham, while PWS Part 5.8.2 states screenings will be conducted at the Cheltenham off-site facility in a space designated by the Contractor. Please confirm whether the contractor is required to independently procure and maintain the off-site Cheltenham facility, and please describe how this requirement was fulfilled under the predecessor contract.

A: See response to Question 96.

147. **Q:** Will the Government accept a Physician who is licensed in one state and credentialed under a reciprocity or locum tenens arrangement in the states where the health units operate, or must each site physician hold an active unencumbered license specific to that state?

A: Active Unencumbered license specific to that state. See 1.20 (3) and (4)

148. **Q:** Technical Exhibit 14, the List of Deliverables, is referenced in the solicitation. Please confirm when this exhibit will be made available to offerors.

A: Technical Exhibit 14 was released with solicitation.

149. **Q:** To the extent this solicitation reflects updates from a prior release of the same requirement, please confirm whether the Performance Work Statement, Technical Exhibits, and Attachments contain substantive changes, and if so, identify the sections that were modified so offerors may focus their review accordingly.

A: No changes except adding TE 3-13 through 3-19, adding new Attachment 20, and renumbering pricing spreadsheet as Attachment 21.

150. **Q:** Part 9, Technical Exhibit 12 is described in "List of Attachments and Technical Exhibits USE" as "Historical Data Service Contract Work Requests (SCWRS) by Items" however, the document is not included in technical exhibits. Please clarify and note if the Government intends to issue this document.

A: Pen & Ink Change to List of Attachments and Technical Exhibits: For Technical Exhibit 12 change description block to read "Not Used". There is no TE 12 for this solicitation.

151. **Q:** Several of the attachments and exhibits contain solicitation numbers for previous iterations of the RFP (e.g., 70LGLY26RGLB00001, 70LGLY26RGLB00003). Will the Government re-issue current versions of the attachments and exhibits?

A: No release of updated versions.

152. **Q:** Does the Government intend to update TE 2 Performance Requirement Summary (Part 9, Technical Exhibit 2)? The document is labeled with the cancelled solicitation number (ending in 0001) and does not appear to have been updated since 3/17/2026. The List of Attachments and Technical Exhibits indicates that TE 2 is 4 pages in length, but the document appears to be one page. Will the governments consider providing this list as a PDF?

A: No release of updated versions.

153. **Q:** Does DHS intend for active workers (key personnel) under the current contract be transitioned to the new vendor(s)?

A: The Government has no involvement in personnel matters.

154. **Q:** PWS 1.4 Period of Performance states that a base period phase-in will be performed from June 1-30, 2026 or award date to June 30, 2026. Will the Government consider amending this language to allow for a phase-in period of a minimum of 15 business days? As the language stands, if the award date is after June 1, which it will be given that the response is due June 4, then the phase-in period will be truncated.

A: See response to Questions 127 & 144.

155. **Q:** 13.Factor 4 – Price references Attachment 21 and Attachment 20. Can the Government confirm which is correct?

A: Attachment 21, make pen & ink changes to the other paragraphs referencing Attachment 20.

156. **Q:** Will the Government please clarify the page limit for Technical Proposal Factor 1? PWS 11.1 Factor 1 – Technical and Management Approach, pgs 207-208 states the total page limit for the Technical Proposal is 40 pages (30 page limit for Factor 1 & 10 page limit for Factor 2= 40 pages), while Evaluation Factors on pgs 215-216 lists a total Technical Proposal page limit of 30 pages and 20 page limit for Factor 1.

A: Technical proposal paragraphs 11 & 11.1 are correct, make pen & ink changes to the Evaluation Factor paragraphs changing what is stated at 11.

157. **Q:** Are resumes required as part of the proposal or only required following award.

A: Resumes are not listed as a requirement for submission with proposal. Key Management resumes are only required after award.

158. **Q:** How do we gain access to DHS Policy Directive 248-02 Medical Credentials Management System, (Part 7, Technical Library) (PWS pg 97)? How can we get access to the FLETC Directives and Manuals listed in PWS 5.1 Basic Services (pg 125)?

A: See response to Question 23.

159. **Q:** Attachment 20 - Medication PAR All Sites provides periodic automated replenishment (PAR) levels for medications and supplies for each location – would the Government provide estimated replenishment or burn rates by item for each site?

A: Not available.

160. **Q:** Will the Government make a single award covering all four TDPs, or could task orders for individual sites be awarded independently or incrementally?

A: Both. A single basic requirements contract will be awarded and then task orders will be issued for each site. Reference E.6.5.

161. **Q:** Is there a guaranteed minimum obligation for the base period or per site?

A: No. See also Section C, FAR clause 52.216-19 (a) (Page 45).

162. **Q:** Will task orders be awarded simultaneously upon funding availability, or sequenced by site as funds become available?

A: Simultaneously after base award. Task orders can be issued Subject to the

Availability of Funds (SAF) and then modified when funding is available.

163. **Q:** Is the phase in period required and reimbursable separately for each site, or is phase in intended to occur once at the enterprise level?

A: See response to Question 105.

164. **Q:** Should offerors assume that clinical services may not be delivered during phase in, or is partial performance expected during that period?

A: Phase-in period is mobilization for incoming contractor, current contractor continues performance through phase-in.

165. **Q:** Please clarify anticipated travel frequency and operational expectations for the PM, APM, and QCM between Training Delivery Points and whether travel costs are expected to be included within fixed-price CLIN pricing.

A: This is a performance-based contract, therefore, the frequency of the travel to the various sites is the decision of the contractor, not the Government. All costs should be reflected in pricing proposal. See Section E.6.13. Factor 4 – Price.

166. **Q:** Will surge services be ordered and paid on a monthly fixed basis once activated, or prorated based on actual usage/hours?

A: See response to Question 17.

167. **Q:** Should all Cheltenham off site clinic costs (rent, provider fees, imaging, labs) be fully absorbed within Cheltenham CLINs, with no reimbursement outside the fixed price?

A: Yes.

168. **Q:** Are EMR licenses, connectivity, training, and user provisioning Government furnished or contractor furnished?

A: Government furnished. The contractor's company computers will not be allowed to sign in or use government's online sites, emails, etc. See also response to question 93.

169. **Q:** Please clarify the Government's intended requirement regarding the timing of Key Personnel resume submissions and whether resumes/CVs are required as part of proposal submission or only upon award.

A: Resumes are not listed as a requirement for submission with proposal. Key Management resumes are only required after award.

170. Q: May clinical staff (RNs, PAs, NPs) float across sites if credentialed in multiple states?

A: No

171. Q: Will the Government accept telehealth, remote review, or centralized oversight across state lines where direct patient care is not rendered?

A: No. Either the PM, the APM, or both are required to be on-site in Glynco, GA whenever the Health Unit is operating. See 1.9.1 under Key Personnel.

172. Q: May offerors submit a standardized enterprise procedures manual with site specific appendices?

A: This is a performance-based contract; therefore, it is the decision of the offerors as to how they choose to present the procedures manual to meet deliverables requirement. Note that this is not to be submitted with proposal.

173. Q: Is the Contractor responsible for guaranteeing subcontracted clinics accept workers' compensation patients?

A: Yes.

174. Q: Will the Government conduct price realism analysis in addition to price reasonableness?

A: See Factor 4 (1) page 219

175. Q: Will substitution of equal or better key personnel after submission but prior to award be permitted?

A: See response to Question 169.

176. Q: Should past performance references demonstrate experience at all four sites/types, or is enterprise healthcare experience sufficient?

A: See E.6.12 for Factor 3 Past Performance and E.6.11.2 Factor 2 Prior Experience.

177. Q: Are there page limits by volume, or only general FAR 52.212 1 guidance applies?

A: See E.6.11 and 12.

178. Q: The historical data is very helpful, but to help us tighten our staffing model for the base year, could you provide the actual average monthly patient visit volume for Glynco, Artesia, and Charleston over the most recent 12-month period?

A: Not available.

179. Q: The solicitation requires a 20-hour weekly minimum for on-site Physicians. Does

FLETC have preferred core hours for this (such as morning triage peaks), or is the schedule entirely at our discretion?

A: In a performance-based proposal, the manner in which it is decided to conduct the requirements of the solicitation is the decision of the offeror.

180. **Q:** Since the Contractor covers all Medical Surveillance Program (MSP) costs, is there a historical annual average or a "not-to-exceed" cap for specialty referrals (e.g., Pulmonologists, B-Reads) that we should use for our firm-fixed-price baseline?

A: No.

181. **Q:** Regarding the diagnostic lab tests mentioned here, if these are student-specific tests outside the mandated MSP pool, should we include those costs in our fixed-price CLINs, or are they billed separately?

A: All costs should be reflected in the fixed price CLINS.

182. **Q:** The solicitation estimates 26–30 classes per year for the Cheltenham site. Do these tend to happen in seasonal surges, or is it a steady flow of about 2–3 classes a month?

A: Classes are always in session at each of the sites. The seasons have no impact on the schedule of classes.

183. **Q:** We need to maintain the pharmacy formulary at a minimum of 90%. To help us calculate our initial phase-in costs accurately, could the Government provide the current approximate dollar value or a detailed inventory of the existing stock?

A: Data not available.

184. **Q:** For the 16 laptops and hardware provided as Government Furnished Equipment, will the FLETC IT department handle tech support and hardware repairs, or do we need to provide our own IT support for those items?

A: Maintained by the Government for all tech support, hardware repairs and all other IT functions.

185. **Q:** The document states the Government will provide vehicles for transport. Are we responsible for the fuel, routine maintenance, and insurance on these GFE vehicles, or does FLETC cover that?

A: The Government will provide.

186. **Q:** The criteria state Factor 1 is more important than Factor 2. If multiple offerors receive identical "High Confidence" ratings on the technical side, will Price (Factor 4) become the primary deciding factor for the award?

A: See 2.212-2 (a).

187. **Q:** Are offerors permitted to add explanatory notes or tabs to Attachment 21 (Pricing Table), provided no formulas are altered?

A: Yes this is permitted so long as external links are not used.

188. Q: What specific deliverables are expected during phase-in?

A: See Section E.6 Proposal Submission Instructions.